L21000130788

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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
en de lez		ENVIRONMENTAL LLC		
SUBJEC	,1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		RACHEL GIVENS		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		PENNINGTON, PA		
		-	Firm/Company	
		215 SOUTH MONROE S	TREET, SUITE 200	
			Address	-
		TALLAHASSEE/FLORII	DA 32301	
		·	City/State and Zip Code	
		RGIVENS@PENNINGTO		
For furth	er information c	n-man address: (to be used for future annual report i all:	ouncation)
RACHE	L GIVENS		850 222-3533	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration	-
!	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632	7	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCENIC ENVIRONMENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000130788}{1.000130788}$	were filed on MARCH 19, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation 3L.L.C."
Enter new principal offices address, if applicable:		ig.
(Principal office address MUST BE A STREET ADDRESS)		•
		• •
P (11 26 12 11		· .
Enter new mailing address, if applicable:		· <u>n</u>
(Mailing address MAY BE A POST OFFICE BOX)		-,-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	• • •	
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	
	Сиу	Zip Code
Now Designated America Standards of shanning Designand America		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROBERT L SEIGLER	7450 COUNTY HWY 280E	
		DEFUNIAK SPRINGS, FL 32435	■Remove
			□Change
AMBR	SKYLAR MCLEAN GREEN	255 SEIGLER ROAD	≣ Add
		DEFUNIAK SPRINGS, FL 32435	□Remove
			□ Change
			□Add
			□Remove
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<u>Vote:</u> If the date inser	er than the date of fill i, the date must be specific a ted in this block does no ate on the Department o	st meet the applicable stat	f filing or more than 90 da utory filing requiremen	(optional) ys after filing.) Pursuant to 60 nts, this date will not be lis	5.0207 (3) ted as the
record specifies a del d is filed.	uyed effective date, but n	not an effective time, at 1	2:01 a.m. on the earlie	r of: (b) The 90th day afte	er the
Dated JULY 29		. 2024			
_//	#/				
	7 Situature of	a member or authorized rep	resentative of a member		

Filing Fee: \$25.00

Typed or printed name of signee